

REQUEST FOR HEARING BY HEARING OFFICER

City of Fresno
Civil Service Board

To the Civil Service Board

The undersigned files his/her answer to the subject order and demands an appeal hearing thereon, as follows: *(Check boxes where appropriate, use additional pages if necessary)*

Name of Appellant _____	Job Title _____
Address _____	Phone _____
_____	Type of Order _____
Name of Representative _____	<input type="checkbox"/> Fine, Amount _____
Address _____	<input type="checkbox"/> Suspension, Duration _____
_____	<input type="checkbox"/> Removal _____
Name of Dept. Head _____	Date of Order _____

The allegations of the Order which are disputed, if any, are ☐ none or ☐ as follows:

Allegation

Denial or Contrary Allegation

The extent or degree of discipline is ☐ not disputed or ☐ disputed, for the following reasons:

I hereby demand that my appeal be heard by a hearing officer selected pursuant to FMC 3-283 and that my appeal be governed by such section. I concur with and accept the procedures and obligations set forth in FMC 3-283 and (check one) ☐ authorize, ☐ do not authorize my recognized employee organization to represent me in all matters covered therein.

I expressly waive my right to a hearing before the Civil Service Board.

I agree to pay my share of the fees and expenses of the hearing officer in consideration for services under this procedure, and in the amounts and method of payment specified in FMC 3-283, should my recognized employee organization not agree to assume such obligation.

Dated this _____ day of _____, 20____, at Fresno, California.

I declare under penalty of perjury that the foregoing assertions of fact are true and correct.

Employee's Signature
